

Fill in this information to identify your case:

Debtor 1 Ronnie Crutchfield

Debtor 2 Mauricia Crutchfield  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 20-30126  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

- ☒ Employed  
☐ Not employed

##### Occupation

##### Employer's name

##### Employer's address

**Specialty Coating and Laminating**

**10351 Verdfon Rd.  
Doswell, VA 23047**

##### Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

##### Benefits Counselor

**Pierce Group Benefits**

**4928 Linkland Drive, Ste 201  
Holly Springs, NC 27540**

##### How long employed there?

4 months

6 months

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,773.33</u>	\$ <u>3,583.34</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>2,773.33</u>	\$ <u>3,583.34</u>

Debtor 1 **Ronnie Crutchfield**  
Debtor 2 **Mauricia Crutchfield**

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	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>2,773.33</b>	\$ <b>3,583.34</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>429.43</b>	\$ <b>604.61</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>328.77</b>	\$ <b>219.03</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: <u>flex spending medical</u>	5h.+ \$ <b>154.74</b>	+ \$ <b>90.29</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>912.94</b>	\$ <b>913.93</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>1,860.39</b>	\$ <b>2,669.41</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <u>1/12 annual income tax refunds</u>	8h.+ \$ <b>0.00</b>	+ \$ <b>100.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>100.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,860.39</b> + \$ <b>2,769.41</b>	= \$ <b>4,629.80</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	<b>4,629.80</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

**Combined monthly income**

Fill in this information to identify your case:

Debtor 1 Ronnie Crutchfield

Debtor 2 Mauricia Crutchfield  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 20-30126  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

17

☐ No

☒ Yes

Daughter

18

☐ No

☒ Yes

Daughter

19

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,400.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

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<b>6. Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>250.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>162.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>574.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
<b>7. Food and housekeeping supplies</b>	7. \$	<b>800.00</b>						
<b>8. Childcare and children's education costs</b>	8. \$	<b>250.00</b>						
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>80.00</b>						
<b>10. Personal care products and services</b>	10. \$	<b>300.00</b>						
<b>11. Medical and dental expenses</b>	11. \$	<b>80.00</b>						
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>200.00</b>						
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>13.80</b>						
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>						
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>0.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>110.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal Property Taxes</b>								
	16. \$	<b>10.00</b>						
<b>17. Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify: _____	17c. \$	<b>0.00</b>						
17d. Other. Specify: _____	17d. \$	<b>0.00</b>						
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>								
	18. \$	<b>0.00</b>						
<b>19. Other payments you make to support others who do not live with you.</b>								
	\$	<b>0.00</b>						
Specify: _____								
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>						
<b>22. Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>4,229.80</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>4,229.80</b></td> </tr> </table> </div>		\$	<b>4,229.80</b>	\$		\$	<b>4,229.80</b>
\$			<b>4,229.80</b>					
\$								
\$	<b>4,229.80</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
<b>23. Calculate your monthly net income.</b>								
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>4,629.80</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>4,229.80</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	<b>400.00</b>						
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. <span style="border: 1px solid black; padding: 2px;">Explain here:</span>								

Office of the US Trustee  
701 E. Broad Street, Ste 4304  
Richmond, VA 23219

Capital One  
Attn: Bankruptcy Dept  
PO Box 30285  
Salt Lake City, UT 84130

Crutchfield, Ronnie and Mauricia - 20-  
Ez Pass Maryland  
PO Box 17600  
Baltimore, MD 21297

Aaron's, Inc.  
PO Box 100039  
Kennesaw, GA 30156

Caroline County  
Treasurer's Office  
PO Box 431  
Bowling Green, VA 22427

First Premier Bank  
601 S. Minnesota Avenue  
Sioux Falls, SD 57104

Acceptance Now  
5501 Headquarters Drive  
Plano, TX 75024

Chrysler Capital  
PO Box 660335  
Dallas, TX 75266-0335

Focused Recovery Solutions  
9701 Metropolitan Court  
Suite B  
Richmond, VA 23236

AMR Mid Atlantic  
Po box 100296  
Atlanta, GA 30384-0296

Clarence Campbell, III, DDS  
PO Box 35  
Bowling Green, VA 22427-0035

Fredericksburg Orthodontics  
10618 Spotsylvania Ave  
Fredericksburg, VA 22408

Aqua Virginia  
762 W. Lancaster Avenue  
Bryn Mawr, PA 19010-3489

Columbia Gas of VA  
Bankruptcy Dept  
200 Civic Center Drive, 11th F  
Columbus, OH 43215

Garland and Delores Simms  
17227 Begonia Drive  
Ruther Glen, VA 22546

Bank of America  
RE bankruptcy  
PO Box 790087  
Saint Louis, MO 63179

Comcast Cable  
5401 Staples Mill Road  
Richmond, VA 23228

Gary Abell  
2070 Val Park Drive  
Oilville, VA 23129-2223

BioScrip Infusion Serv  
305 Ashcake Road  
Ashland, VA 23005

Commonwealth Financial  
245 Main Street  
Scranton, PA 18519

Hanover General District Ct.  
P.O. Box 176  
Hanover, VA 23069

Bleecker Brodey & Andrews  
9247 N. Meridian St, Ste 101  
Indianapolis, IN 46260

Credit Acceptance  
P.O. Box 513  
Southfield, MI 48037

Henrico Doctor's Hospital  
Att: Legal Dept  
PO Box 13620  
Richmond, VA 23225

Bon Secours Richmond Health Sy  
PO Box 28538  
Richmond, VA 23228

Debt Recovery Solutions, LLC  
3800 Jericho Turnpike  
Syosset, NY 11791

IRS - Dept of the Treasury  
Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Capital Accounts  
PO Box 140065  
Nashville, TN 37214-0065

Dept of Ed/Nelnet  
PO Box 9635  
Wilkes Barre, PA 18773

Ladysmith Dental  
18010 Jefferson Davis Hwy  
Ruther Glen, VA 22546

Ladysmith Veterinary Hospital  
17298 Jefferson Davis Hwy  
Ruther Glen, VA 22546

Portfolio Recoveries  
120 Corporate Blvd  
Ste 1  
Norfolk, VA 23502

Crutchfield, Ronnie and Mauricia - 20-  
Tuckahoe Orthopaedic  
Business Office  
Post Office Box 71690  
Richmond, VA 23255

LVNV Funding  
PO Box 10587  
Greenville, SC 29603-0584

Prestige  
PO Box 26707  
Salt Lake City, UT 84126

Verizon Wireless  
Bankruptcy Admin  
500 Technology Dr Ste 500  
Weldon Springs, MO 63304

MCV/VCU Health System  
PO Box 758997  
Baltimore, MD 21275

Professional Financial Servic  
5400 D Glenside Dr  
Henrico, VA 23228

Virginia Dept of Taxation  
Bankruptcy Dept  
PO Box 2156  
Richmond, VA 23218-2156

Medicredit Inc  
PO Box 1629  
Maryland Heights, MO 63043-0629

Progressive Insurance  
PO Box 94656  
Cleveland, OH 44101-4656

Wells Fargo Bank  
Overdraft Recovery  
PO Box 63491  
San Francisco, CA 94163

MiraMed Revenue Group  
991 Oak Creek Drive  
Lombard, IL 60148

Progressive Leasing  
PO Box 413110  
Salt Lake City, UT 84141

Nationwide Recovery Systems  
3000 Kellway Dri  
Carrollton, TX 75006

Rolfe Emergency Phys, LLC  
PO Box 37934  
Philadelphia, PA 19101-7934

Neibauer Dental Care  
3128 Cowan Blvd  
Central Park Office  
Fredericksburg, VA 22401

Skipwith Road Emerg Phys  
PO Box 37935  
Philadelphia, PA 19101

NPAS Inc  
PO Box 99587  
Louisville, KY 40269

State Farm Insurance  
P.O. Box 830854  
Birmingham, AL 35283-0854

Option Care  
4170 Lafayette Center Dr  
Ste 300  
Chantilly, VA 20151

TitleMax of Virginia, Inc  
Attn: Bankruptcy Dept  
15 Bull Street, Suite 200  
Savannah, GA 31401

Phoenix Financial Services  
8902 Otis Ave Ste 103A  
Indianapolis, IN 46216

Torey Group  
3 TOREY CT  
Stafford, VA 22554